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ABSTRACT

This first in a series of five papers on communication reticence discusses the ways and means of discovering people with communication problems. The isolation of "reticent" individuals, or those with an excessive amount of anxiety in communication situations, from the rest of the population is best accomplished by simply asking people if they would care to volunteer for instruction in common communication tasks (conversations, interviews, public speaking). A "rhetoritherapist," who deals only with the solution to communications problems, must be concerned with appropriate analysis of client deficiencies, establishment of goals, definition of deficiencies in subprocesses, client motivation and investment in treatment, and rhetorical quality. All instruction should be preceded by negotiation and an agreement of goals based on the individual's free choice; the assumption of pathology concerning "reticent" individuals is based on cultural definitions of appropriate communication and is not a necessary construct to treatment. (KS)

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THE NONCOMMUNICATORS

by Gerald M. Phillips*

For many years, the field of speech focused much attention on a group of people whose theoretical existence was without question but whose existence in reality was doubtful. These people were called "stagefright victims." Stagefright, presumably, was a state of overwhelming anxiety which rendered a person incapable of appearing in public. Given the theoretical existence of this overpowering anxiety, it was presumed that lesser anxieties would result in lesser symptoms, but that there was, somewhere, a line which separated the amount of tension that was "normal" in a communication situation and an amount of tension that was "abnormal" and rendered its possessor a candidate for some kind of treatment.

There were a number of latent assumptions here, not the least of which was that there was something pathological about the person who did not engage in oral communication (to the extent that the people around him did). This, of course, reflects the American culture which demands participation. Every citizen must contribute to the decisions of the body politic. "Cat got your tongue?" Etc. There is no real problem here. Every culture defines a level of oral participation for its citizens, and/or, its citizens, through their participatory choices define a level of oral participation characteristic of the culture. We tend to understand a culture by examining the kind of talk that people make in it and about it. Thus, in the American culture, the demand to participate

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in oral discourse is urgent, and eyebrows are at least raised at those who do not participate, either by choice or by disability.

There is also a tendency in American culture to describe deviations from any kind of defined norm as pathologies or diseases. The medical doctor holds the highest status in American society, and many academic professionals seek to emulate physicianhood by finding diseases within their own specialty and proceeding to generate treatment. This was certainly the case with "stagefright," for a whole generation of communication scholars devoted their time and energy to raising the level of skill and confidence of stagefright victims by improving their self esteem, developing performance skills, desensitizing them from the ravages of anxiety, or teaching them techniques of assertive management of tension. Clinicians have attempted to handle apprehensions associated with communication using Alpha waves, sensitivity training, behavior modification, elocution and performance skills training, the "method" as in theater, rational emotive therapy, primal scream therapy, assertive therapy, consciousness raising, and others too bizarre to dignify by mentioning. All of these "treatments" were directed at a "disease." People who were defined as diseased were presumed to be apprehensive, and if they were not apprehensive, they became apprehensive as soon as they experienced the propaganda that designated them as diseased.

It was to answer this kind of thinking that the concept "reticence" was devised. Reticence emerged as a concept in 1963 when the question was asked, "Are there people who seem to choose to avoid communicating because they get more out of silence than they do out of participation?" Examination of a group of volunteer subjects indicated that most of us, at various times and places, see situations in which we could participate,

but we choose not to because we feel we are not sufficiently skilled to succeed, or because the rewards to be gained by participating are not sufficient to motivate us, or because we simply have something more important to devote our time to. Some of us may even choose to avoid participation because we are apprehensive about the outcome, if we participated, or because we do not feel competent in that sort of situation. There are even some people who feel incompetent at most communication situations and thus spend most of their time in silence--and there are many others who are quite competent at most speech situations who choose to avoid them anyway because they prefer silence. Note that we have been talking about choice and not about pathology. We have been discussing the way people view a situation in which they could or could not participate and about the choices they make to do so or not.

The result of all this analysis is the discovery that there are some people who have communication problems that need attention. The problems are those of skill and/or skill development and the appropriate attention is a particular and carefully adapted job of teaching. It is these people that we call "reticent." The question now is how to go about locating them, and what to do with them once they are located. It is the purpose of this paper to discuss the ways and means of discovering people with communication problems. In the following papers we will discuss modes of instruction and how effective those modes of intruction are.

Although a great number of scholars have attempted to isolate people with communication problems through the use of various paper and pencil tests, it is our considered option that such identification is pointless. Most of the items on the questionnaires point to feelings of anxiety and not to situations in which communication is carried on. If we presume

that communication problems are mostly situationally based and unique to the individual, then it is pointless to try to find a common cause or set of symptoms that isolate people with problems. Furthermore, if we agree that feelings of tension are common to most humans, but that treatment of the tension has little or nothing to do with the acquisition of performance skills, then the questions about tension or apprehension are also pointless.

It appears most efficient to identify people who have problems by simply asking people, in general, if they would care to volunteer for instruction in how to do some common tasks that they may not be able to do. For example, we send a bulletin to all students who enroll in our basic speech course (and a similar bulletin to the community at large) in which we make the following statements:

> Please check the following list of communication problems. If any of them describe you, you may wish to volunteer for special instruction in how to deal with the problems. If so please come to . . . .
>
> 1. Do you have difficulty asking questions in class? Does the conversation seem to spin by before you can get your question in?
> 2. When you are called on to recite, do you forget the answer even though you knew it the moment before? Do you get a similar feeling when it seems to be your turn?
> 3. Do you feel awkward in opening conversations with strangers? Once you find yourself in a conversation do you have little to say?
> 4. When you stand up to speak in public do you find that you forget much of what you have to say, or the points come out in disorderly fashion even though you were carefully prepared?
> 5. Do you sometimes perspire, shake, have headaches, dryness of mouth, sick stomach, etc. when you have to face a communication situation?
> 6. Do you have difficulty getting through interviews with peers, supervisors, important people?
> 7. Do you often find yourself identified as a "good listener" when you would rather be seen as a good speaker?
>
> If you have any of these concerns and would like to work on them,

we are prepared to offer you expert instruction directed to your particular needs.

Not all of the people who respond to this notice have problems in communicating. Some who come merely desire an easy way out of the speech requirement. We make it clear to them that the special instruction sections are more difficult and more severely graded than the other sections. Some come who are merely curious, or who have some tension about facing the prospect of a public speaking course. We assure these people about the competency of our instructional staff and send them on their way. A few people come because they are suffering from severe emotional problems and see the special notice as a way of obtaining special treatment. While we do not turn these people away we are careful to make contact with therapists currently working with them so that we can integrate our instruction carefully with the therapy. Sometimes we get people who have "defects" in their speech production. They lisp, stutter, have problems in pitch or quality of voice, etc. These people may not necessarily have communication problems. We need to check with their therapists to discover how much of the difficulty is centered on the mechanics of speech production and how much concern there is for social affiliation and management of normal speech situation.

Basically then, the people we work with are of three sorts. There are those who report that they are inept at speaking in one or more of the situations specified. If these people cannot demonstrate their ineptitude, then we are confronted with a problem of perception. We must convince these people that they are doing all right.

Next, there are people whose difficulty can be seen by an outside observer. The problem can be objectified and dealt with in specific

locales. Finally there is the person who has a problem who is also being treated by a speech pathologist or a psychotherapist so that integration of instruction with other treatment is mandated. A communication problem can exist on its own or be associated with some other kind of problem. A communication problem may or may not have tension, apprehension, or even a form of anxiety associated with it, caused by it, or it may stem from a neurosis based on a fundamental anxiety. The main point to keep in mind, however, is that in dealing with a communication problem, treatment of other ramifications must be left to other relevant professionals. The "rhetoritherapist" who deals with communication problems must focus on communication processes alone.

Basically in performing an analysis of the nature of a communication problem we need to examine four critical elements:

1. We must discover what it is the individual wishes to alter and how he would know it if it were altered. We must understand what he hopes to accomplish by altering his communication.

2. We must discover precisely what the deficiencies are in communication and which subprocesses of communication are involved in the client's problem.

3. We need to discover how important it is to the individual to improve his communication behavior and what he may be winning or losing by his present communication behavior.

4. We need to discover how the individual perceives his own behavior in relationship with others and how he understands the rhetorical quality of behavior exchange.

Goals. Most people approach communication training with "fuzzy" ideas about what constitutes effective speaking. Many will say that they need to acquire "poise" and "self confidence." They see other people as error-free and themselves as filled with errors. They tend to become acutely conscious of their non-verbal pauses, their unnecessary

vocalizations, the awkward gaps in conversation, the omission of a detail in connected speech. It is necessary, therefore, to bring them into contact with what ordinary speech looks like, to demonstrate to them that it looks very much like what they do, and that there really are very few and minimal differences between speakers. Once this is accomplished, focus can be directed to development of specific statements about what the individual wants to accomplish in particular situations. At this point, some real understanding of the "problem" begins to emerge.

Deficiencies in subprocesses. It must be understood that we are dealing with rhetorical, as opposed to expressive, speech. That means speech directed to some purpose. There are some clearly identifiable and formal subprocesses here that can be analysed, and individuals trained specifically so that speech can be conceived and delivered in an orderly manner.

1. There needs to be an understanding of "rhetorical situations." The client needs to know what can be accomplished by the use of various speech forms, in particular situations. He needs to be able to identify particular situations in which he sees himself as a speaker gaining something through the use of speech.

2. Once he has identified the situation, he must be able to analyze the situation and the people in it to find out what is permissible, what must not be done, what kinds of discourse would be most useful, and who the particular people are that would represent the best audience for his remarks.

3. This analysis leads to the establishment of a specific speech goal defined precisely and directed to a particular audience.

4. Once this analysis has been completed, the individual must then search his mind for ideas to say, and he must select and adjust the ideas so that they are appropriate to his goal, to the people with whom he seeks the goal, and to the situation in which he finds himself.

5. Once the ideas have been selected, they must be arranged in a systematic format so that they are intelligible to the minds at which they are directed.

6. Once organized, words must be selected to represent the ideas and the words must be put together according to some consistent grammatical construction apprehended by the people to whom the words are directed.

7. The words must then be said audibly and completely.

8. Finally, after saying the words, the individual must examine the situation for responses, make an assessment of how well he did, how much he accomplished and what remains to be done, so that he can turn to another analysis and move to the next speech experience.

9. In cases where there is reciprocal discourse going on, all of this has to happen almost instantaneously. Our speaker has to learn to become a listener so that he can hear and understand responses to him and make appropriate decisions about what to say next.

We can see by this list of subprocesses that speech is not a disorderly and random process, and that it is possible to examine an individual to discover where he is weak. Specific training can be applied to any and all of the subprocesses, once it has been discovered where our client is weak.

Stake. Some things matter more than others and it is hard to predict which events an individual will regard as most important. Therefore, it is necessary to understand where the individual is making his greatest investment, where he feels improvement will require minimum effort, where improvement is necessary to his professional or academic life, where improvement is important to enhancement of his self image or growth in his interpersonal relationships. By understanding the level of investment in change, the instructor may devise procedures to build successes in areas of least importance to support instruction in areas of greater importance.

Rhetorical Quality. There are a number of subtle matters that need to be understood. First and foremost, rhetorical speech cannot take place

unless the individual understands that it is possible to influence and be influenced through speech. The sensitivity that he has to other people will determine to a large extent how well he can learn the subprocesses. The person who cannot understand how others are influenced, or even how he, himself, is influenced by others is in no position to begin to learn the rhetorical subprocesses. The examination of rhetorical perceptions must begin at once, and basic instruction must be offered to demonstrate to the individual that rhetorical speech is considered, prepared, and delivered to some purpose even when it appears spontaneous and is exceedingly rapid in exchange.

What this all adds up to is a negotiation between an individual and a specialized teacher called "rhetoritherapist." The negotiation commences when the teacher offers instruction devoted to particular communication problems. The second step is the inquiry made by an individual about whether or not he might fit the model, i.e., whether or not he has a communication problem or whether what concerns him might just as well be handled in the regular course of formal instruction. Once it has been ascertained that some problem exists, its nature must be negotiated; the discovery of whether it is associated with a speech defect or a neurosis comes first. Second is locating the difficulty in terms of the critical elements, culminating in specifying the rhetorical subprocesses to which teaching is to be directed. This form of negotiation guarantees for the teacher a willing and committed subject. It also guarantees a logical and orderly plan of pedagogy directed precisely at student needs. In short, the cards are stacked for success. By the same token, because instruction is preceded by negotiation, there is no interference with individual rights; those who wish to remain out of contact may do so.

There is also no insult administered through an unwarranted diagnosis of disease. Following the most contemporary modern psychiatry, we see problems in interaction as willed and selected. Just as the modern psychiatrist negotiates the nature of an emotional and personality difficulty with his client in order to agree on a course of treatment, those of us who deal with communication problems assume that the problem is the result of a choice made. Any choice made may be altered. The act of alteration is the signing of the contract (tacitly, verbally, not necessarily in writing) to improve as a result of special instruction.

The following articles will detail what form instruction takes and how it is administered, as well as an assessment of how effective that instruction has been.